

<b>Policy Title:</b>	Residential Referrals – Policy		
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Approved By: *on file*

Date Approved:

Policy

Procedures

Forms, etc.

Definitions

References

Contact

### Reference(s):

- ICDR, Page 1, "Child's Information Sheet"
- I-E.4.3, Residential Services  
[http://www.dhs.state.or.us/policy/childwelfare/manual\\_1/i\\_e43.pdf](http://www.dhs.state.or.us/policy/childwelfare/manual_1/i_e43.pdf)
- I-B.3.2.1, Substitute Care Placement Reviews  
[http://www.dhs.state.or.us/policy/childwelfare/manual\\_1/i-b321.pdf](http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-b321.pdf)

### Form(s) that apply:

- CF 85P, BRS Referral & Authorization Packet (A & R)  
[http://dhsresources.hr.state.or.us/WORD\\_DOCS/CE0085P.doc](http://dhsresources.hr.state.or.us/WORD_DOCS/CE0085P.doc)
- CF 97, "Evaluation of Need for Residential Services and Level of Care"  
<http://dhsforms.hr.state.or.us/Forms/Served/CE0097.pdf>
- CF 85A "Request for Behavior Rehabilitation Services Authorization"  
<http://dhsforms.hr.state.or.us/Forms/Served/CE0085a.pdf>
- CF 85B "Re-Authorization for Behavior Rehabilitation Services"  
<http://dhsforms.hr.state.or.us/Forms/Served/CE0085b.pdf>

### Policy:

#### **Purpose**

Residential service providers require basic information about a child in order to determine if their services are appropriate. In addition, there are specific prior approval requirements that must be met before children can be admitted to several types of *residential service programs*. This policy defines the process for referrals to residential treatment programs.

#### **Definitions**

- (1) "**Behavior Rehabilitation Services (BRS)**" are Medicaid funded programs that

provide behavioral intervention, counseling and skill building services in professional shelter, or residential (including therapeutic foster care formerly referred to as "proctor care") placement settings. These service programs are administered by Treatment Services through contracts with public and licensed private child caring agencies. All existing licensed residential and shelter programs contracting with the *Department* will convert to this service structure and funding mechanism. Admission to *BRS* programs must be authorized by a Licensed Practitioner of the Healing Arts (*LPHA*). Emergency admissions may need to be approved after the child is physically placed in the program. In such cases, the *LPHA* may approve the child to receive *BRS* beginning at the time of placement.

- (2) "**Department**" means *Department of Human Services*.
- (3) "**DD Residential Services Programs**" are statewide programs managed by the *Department* to stabilize, assess and provide services to children with developmental disabilities who have been identified as being in need of residential services due to acute mental, physical, and/or behavioral issues causing danger to self or others and whose needs cannot be met in less restrictive settings.
- (4) "**JCAHO Program**" is a residential psychiatric treatment facility accredited by the Joint Commission on Accreditation of Healthcare Organizations, approved by the Office of Mental Health Services, and under contract with the Mental Health and Developmental Disability Services Division. These programs provide psychiatric inpatient services to psychiatrically impaired children who cannot be served in a less restrictive setting, but do not require psychiatric hospitalization.
- (5) "**Level 5**" is a *Department* contracted residential program that is classified in the Behavioral Rehabilitation Services (*BRS*) Rate Plan at *Level 5*. Such programs serve children whose intense needs for safety and security require a staff to child supervision ratio of 1 to 3.
- (6) "**Level 5 Assessment Criteria**" are criteria applied to determine a child's appropriateness for referral to a *Level 5* residential program. The fact that the child meets the *Level 5* criteria is documented in the *Level 5* Documentation section of the CF 97 "Evaluation of Need for Residential Services and Level of Care".
- (7) "**LPHA**" means a Licensed Practitioner of the Healing Arts, such as a physician, psychologist, clinical social worker, registered nurse, nurse practitioner, physician's assistant, professional counselor or marriage and family therapist licensed to practice in the State of Oregon and contracting with the *Department* (through the central office Treatment Services Unit) to review and approve all requests for authorization of Behavior Rehabilitation Services provided in *Department* contracted *BRS* shelter and residential programs. Currently the Treatment Services Unit contract with only one *LPHA* to authorize *BRS*.
- (8) "**OMPRO**" means the Oregon Medical Professional Review Organization which contracts with the *Department* to review and approve all requests for authorization of residential psychiatric treatment services provided in residential programs accredited by the Joint Commission on the Accreditation of Health Care Organizations (JCAHO).

- (9) "**Residential Service Program**" is any community residential program that provides care on a 24-hour basis. This includes all types of residential programs including *BRS*, or any other program that is classified SRES on the IIS coding sheet.

## Policy

Children and adolescents will be placed in the least restrictive, most appropriate substitute care placement available. Please refer to CAF policy I-E.4.3 "Residential Services" for criteria to be used in determining whether residential care and treatment is appropriate. All existing non-residential resources such as family, extended family and other relatives as well as Strength-Needs Based planning and services are to be considered for appropriateness before referrals for residential treatment are made.

## Procedures

- (1) All Residential Referrals. The service worker will complete and send to the provider a residential referral packet consisting of the following:
- > CF 97, "Evaluation of Need for Residential Services and Level of Care"
  - > CF 147 and current Substitute Care Narrative including the Health and Education Information,
  - > Current court orders or voluntary custody or placement agreements
  - > Any prior evaluations, assessments or other documents which provide background information or support the need for the residential services.

Completion of a CF 97, "Residential Referral Outline" is not required for referral to shelter evaluation programs, however the local *Department* office designated as the intake point for each shelter will, by agreement with the shelter provider, have identified the types of information needed at the time of admission to the program. The *BRS* program referral process should be followed if the child is being referred to a *BRS* program. In addition, the *Level 5* referral process should be followed if a child is eligible for a referral to *Level 5* provider.

- (2) *BRS* Program Referrals. Federal Medicaid rules require that in order for a child to receive *BRS* services there must be "prior approval by a Licensed Practitioner of the Healing Arts" (*LPHA*). will contract centrally with a *LPHA* to give initial and continuing approval for a child to receive *BRS* Services. It is recognized that emergency admissions to *BRS* services will need to be approved after the child is physically placed in the program. In such cases, the *LPHA* may approve the child to receive *BRS* services beginning at the time of placement.
- (a) The *Department* worker and supervisor will review the child's need for *BRS* Shelter Evaluation or *BRS* residential services including *Level 5* providers. The family and, when appropriate, the child should be involved in the process of

- determining the need for *BRS* services. The worker and supervisor may consult with others in the local office such as Child Welfare Consultants (CETs) or the appropriate Residential Resource Consultant as well as community partners and providers who are already involved and know the child. All available documentation should be reviewed including case narrative, psychological, psychiatric or other evaluation information, court reports and orders, Evaluation of Need for Residential Services and Level of Care (CF 97, if already completed).
- (b) If this is the child's first substitute care placement or if the child is to be considered for "*Level 5*" designation, the case must be presented to the Substitute Care Review Committee (See CAF policy I-B.3.2.1 Substitute Care Placement Reviews);
  - (c) If placement in a *BRS* professional shelter care or residential care (any level) is needed and appropriate, the worker and supervisor shall complete and sign Part 1 of the Request for *BRS* Authorization form (CF 85A). To be eligible for referral to a *BRS* shelter evaluation or residential program the following determination must be made:
    - (A) The child must be identified as having two (2) or more of the "Problems/Needs" identified on pages 1 and 2 of the CF85A; and
    - (B) Other placement resources are not appropriate; and
    - (C) Community resources and supports cannot remediate the child's problems or meet the identified needs.
  - (d) In cases of emergency residential and shelter evaluation placements, the completed Request for *BRS* Authorization form (CF85A) and other necessary information is to be Faxed or delivered to the residential or shelter provider by the case worker within one (1) working day of the child's actual placement;
  - (e) The assigned *Department* worker sends the provider the completed "Evaluation of Need for Residential Services and Level of Care" (CF 97), (if the referral is being made to a *Level 5* provider, the portion of the CF 97 that documents that the child meets *Level 5* criteria must be completed) the "Request for *BRS* Authorization" form (CF 85A), with Part 1 completed and signed, and other necessary information such as psychological /psychiatric reports and other supporting documentation;
  - (f) At the time the decision is made to admit the child to the *BRS* provider's program, the provider completes Part 2 of the Request for *BRS* Authorization form (CF 85A). The *BRS* Authorization form (CF 85A) and any other necessary information such as psychological/psychiatric reports and other supporting documentation is then sent by the provider to the centrally contracted *LPHA* for review. The provider must send these documents to the *LPHA* in sufficient time for *BRS* to be authorized before the child is placed in the program. In the case of emergency placements in residential or shelter evaluation care, the *BRS* Authorization form (CF 85A) and supporting documentation is to be Faxed to the *LPHA* by the provider within two (2) working days of placement;

- (g) The *LPHA* will review the Request for *BRS* Authorization form (CF85A) and supporting information and make a determination as to the need for Medicaid *BRS* services by completing and signing an approval for *BRS* services and returning it to the provider. When necessary, request additional information from the provider. The approval is effective for 12 months;
- (h) The *LPHA* approves the child to receive *BRS* Medicaid funded services. The approval is not specific to a particular type of program or individual provider. For example, if the *LPHA* gives approval for the child to receive *BRS* services at the time of admission to shelter evaluation care and the child moves to residential care prior to the end of 12 months, a second authorization for *BRS* services is not needed;
- (i) If the *LPHA* does not approve *BRS* services, the *LPHA* will notify the provider as soon as possible in order that the provider and the assigned *Department* staff may appeal the decision by providing additional information to the *LPHA*;
- (j) Re-Authorization of *BRS* Services. If the child continues to need *BRS*, the following steps must be taken to obtain re-authorization for *BRS*:
  - (A) At least 30 days prior to the expiration date of the *BRS* authorization, the provider and the *Department* caseworker complete and sign Sections A and B of the Request for *BRS* Re-Authorization Form (CF85B) which the provider sends to the centrally contracted *LPHA* with a copy of the most recent 90 Day Progress Review Report. If the most recent 90 Day Progress Review Report is more than 30 days old, the provider sends an updated Progress Review Report to the *LPHA*;
  - (B) The *LPHA* will review the Request for *BRS* Re-Authorization form (CF 85B), 90 Day Progress Review Report, and any necessary update of the 90 Day Progress Review Report and make a determination as to the need for continuation of the Medicaid Behavior Rehabilitation Services. The *LPHA* completes Section C of the Request for *BRS* Re-Authorization form (CF 85B) to approve continued *BRS* services. A copy of the signed CF 85B form is sent to the provider by the *LPHA*.
  - (C) If the *LPHA* does not approve continuation of the *BRS* services, the *LPHA* will notify the provider as soon as possible in order that the provider and the assigned *Department* staff may ask for reconsideration of the decision by providing additional information to the *LPHA*.

### (3) *Level 5* Referrals

- (a) A child is eligible for referral to a *Level 5* provider if:
  - (A) The child exhibits at least two criteria from Group A and a total of five criteria from Group A and Group B on the CF 97, "Evaluation of Need for Residential Services and Level of Care."

- (B) The child does not exhibit the designated number of criteria, but the behavior exhibited in one or more of the criteria is so severe, extreme, or dangerous to self and/or others that the only appropriate placement is in a *Level 5* facility. This conclusion must be documented on the CF 97, "Evaluation of Need for Residential Services and Level of Care".

(b) Referral Process:

- (A) The procedure for obtaining approval for *BRS* from the *LPHA* as indicated in (2) above is also required for all placements with *Level 5* providers. In addition, the following procedures must be followed for referrals to *Level 5* providers:
  - (i) *Level 5* Criteria, as found on the CF 97, "Evaluation of Need for Residential Services and Level of Care" will be used by the Branch Substitute Care Review Committee, or other community-based screening committee as appropriate, to record the assessment of the child. This committee must approve all *Level 5* referrals using the CF 97, "Evaluation of Need for Residential Services and Level of Care".
  - (ii) The service worker will attach the completed CF 97 to the residential referral information and send to the provider;
  - (iii) A child who is eligible for placement in a *Level 5* program may be served in a less restrictive setting if appropriate; that is, the less restrictive setting is capable of meeting the behavior specific needs of the child, and there is a safety plan that addresses actions in case of behavioral escalation.

(4) Residential Provider Rejections of Referrals:

- (a) All *Department* contracted providers may reject referrals if their current contract language contains provisions for rejections.
- (b) Appeal Process:
  - (A) Service worker attempts to resolve the matter with the provider;
  - (B) Supervisor and/or Child Welfare Supervisor attempts to resolve the matter with the provider;
  - (C) Service worker or child welfare supervisor contacts the appropriate Residential Resource Consultant to resolve the referral's rejection with provider. The Residential Resource Consultant contacts a Central Office Program Analyst for intervention, if necessary.

(5) JCAHO Referrals.

- (a) A child is eligible for referral to a JCAHO provider if:
  - (A) Less restrictive, community-based resources do not meet the child's treatment needs;
  - (B) Proper treatment for the child's psychiatric condition requires services on an inpatient basis under the direction of a physician;
  - (C) The services to be provided at the *JCAHO Program* can reasonably be expected to improve the child's condition or prevent further regression so that the services will no longer be needed;
  - (D) The child has been diagnosed as having a mental or emotional disorder usually first diagnosed in childhood as defined in the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV).
- (b) Referral process for children on child welfare caseloads:
  - (A) Child welfare caseworker ensures that child has a recent psychiatric evaluation which documents that the child has a DSM-IV diagnosis and is in need of psychiatric services: (Usually, the diagnosis of Conduct Disorder alone will not be sufficient to document the need for psychiatric inpatient services.)
  - (B) Child welfare caseworker completes Evaluation of Need for Residential Services and Level of Care (CF 97);
  - (C) *JCAHO Program* considering the child for admission refers the child to the Oregon Medical Professional Review Organization (*OMPRO*), a professional review organization contracting with the *Department* to review admissions to *JCAHO Programs*, for certification of need for psychiatric inpatient services;
  - (D) *OMPRO* assesses referral for eligibility against criteria in (3)(a)(A) through (D) and makes determination;
  - (E) If a child is initially found ineligible, the child can be re-screened and additional information presented.
- (c) Community Mental Health Program staff are responsible for referral of eligible children who are not on child welfare caseloads or eligible for child welfare services. See OAR 309-16-027 (7). Private mental health practitioners and families may also make referrals directly to JCAHO providers.
- (6) DD Residential Programs. Effective July 1, 1998 responsibility for all residential services for children who are determined eligible for Developmentally Disability (DD) Services was transferred to the *Department* Seniors and Persons with Disabilities. The following procedures are to be used when it is necessary for child welfare case workers to refer a

child who is DD eligible for residential placement.

- (a) A child may be eligible for referral to the DD Residential Program if:
- (A) The child is between the ages of 10-17;
  - (B) The child is or can be determined eligible for DD services by the county DD services program. The child must have been determined to be eligible for DD services by the county DD program before a placement in a DD residential resource can be made. If no determination has been made, the child's parents or in the case where the *Department* has custody, the *Department* must make application for DD eligibility determination;
  - (C) The child is SSI eligible, and receiving SSI or application has been made;
  - (D) The child is in need of residential care due to acute mental, physical and/or behavioral issues causing danger to self or others;
  - (E) The child's needs cannot be met in a less restrictive setting;
  - (F) In the case of a child determined eligible for DD services who is in their own home and is referred to the *Department* due to allegations of abuse or neglect, the *Department* is responsible for the first 120 days of any needed out-of-home placement unless negotiated differently with the county DD program. This is in order for the *Department* to complete its child protective service investigation and determine if the child can return home, be placed with relatives or requires foster care of residential services.
- (b) Referral Process:
- (A) The *Department* caseworker contacts the local county Developmental Disabilities Services Office for consultation regarding a referral to a DD residential program.
  - (B) If necessary, the county DD services office may refer the worker to the ODDS State Crisis team for assistance.

### Contact(s):

- **Name:** CAF Reception; **Phone:** 503-945-5600